



Interview with Raquel E. Cohen by Leslie Shoenfeld for the Women in Medicine Oral History Project, April 25, 2006

SHOENFELD: —April 25, 2006 and I'm sitting here with—

COHEN: Raquel Cohen, looking forward to spending the day with you.

LS: Great. [tape turned off/on] Today is Tuesday, April 25, 2006. We are in the Maxwell Finland Conference Room on the third floor of the Countway Library of Medicine at Harvard Medical School. This interview is for the Women in Medicine Oral History Project. I'm speaking today with Dr. Raquel Eidelman Cohen and the interview is being done by Leslie Shoenfeld. Dr. Cohen, thank you so much for being here today.

RC: It's a pleasure to be with you.

LS: So you were born in Lima, Peru in 1922 and I was hoping you could describe what it was like to grow up in Peru.

RC: Well, it was—I have memories of very comfortable growing up. I have only one sister. My father was in the import/export business and we were comfortable. I was part of a small group of the Jewish immigrants. My parents were one of the first couples that got there and started some of the moves and get-togethers, as most Latin groups, very social, you know, because there's hardly anything else for entertainment. So we lived in a nice, pleasant—a nice neighborhood. So I have very happy memories of my youth.

LS: When did your parents come to Peru?

RC: In 1920. I was born—they—there's an interesting little story. My father was going to be drafted into the Russian Army. So my grandmother allowed my 16-year-old mother to get married to an 18-year-old boyfriend, and that night—up to the wedding they escaped to

Lima, Peru. And they tried to make a living in [unclear]. You know, we had a pleasant type of comfortable life.

LS: Do you feel like they assimilated into the culture?

RC: Naturally, but in general, the small Jewish groups stayed together. So, you know, Lima—Peru's a very Catholic country. And so that there were comfortable relations but none—not—they kept their boundaries in terms of the—my social life was mostly with Jewish children, although not religious, but just ethnic [unclear].

LS: Could you describe what it was like to be a student in Peru?

RC: In Lima? Well, I went to private school because the public school system, even today, which I've returned so many times back to Lima, were not good schools. But in small, private schools, again, I happened to [unclear] study. I was very lucky. I still am very lucky because the thing I love the most is to learn and to read and to think. So I always was that type of a child. So I did okay in school. I always got good marks and enjoyed very much the learning experiences.

LS: Were you at all interested in medicine at the time?

RC: I was partially but, you know, there's something in Lima. When you think you have to go from high school to medical school, and medical school is nine years in Lima. So I went to the university, San Marcos, which is a hundred years younger than—I'm sorry, older than Harvard. And I majored in sciences with some vague idea of going into medicine. But I couldn't see myself, as a woman, just dedicating nine years of study, but it was in the back of my mind, I believe. So I went into a—I thought of applying my sciences to the area of nutrition, very much taken by the poverty and the child—the poor

child care in terms of nutrition. So I thought I'd use my chemistry knowledge and began to look at jobs when I finished college. But my mother had a little different plan for me. She supported me in going—coming to the States for postgraduate work. But I was coming with the idea of going into a sort of applied sciences career.

LS: So sounds like your mother was supportive of you. Now, did your parents have thoughts about you going into medicine?

RC: Not at that point. Not at that—it was not a reality at that point.

LS: That was something for the future.

RC: Right. And it sort of emerged by some circumstances which [unclear].

LS: So was your mother the first one to suggest coming to the United States?

RC: My—I and my mother talked about—when I finished in San Marcos University, what would I do with my knowledge? And I said, “I really need a little bit more than what I've got here.” So she, in a way, said, you know, “We will support and pay for you to go to the States for a year.” That was in 1942 when we started talking about it.

LS: What were your friends doing at the time?

RC: Social. There is—I know not a single professional friend [unclear]. They all became—you know, they married with kids, the usual Latin American pathway, including my sister.

LS: So how did you decide on Harvard?

RC: Well, I didn't decide. This is what—I keep telling this story because it is such an amazingly lucky story. I asked a very high-level professional in Lima, what was—where was the best place to study in the United States? And he had a big map of the United States, took a

pin and placed it in Boston. So I accepted without any questions. I said, “Oh, that’s great. I’ll go to Boston.” I bought—you know, my mother bought the ticket of the old Pan American Airlines and, you know, that company. And I got letters of, you know, recommendations and my grades and all that, a little portfolio, and took a flight to the States in ’43, never knowing—it was March—that—it was February—[unclear] that it was winter, because in Lima, you know, it doesn’t rain. The temperature never goes beyond 50. So I had no coat but I had several sweaters. I didn’t know that we were at war, ’43. So I flew into Miami and had to take a train to Boston that was full of soldiers. I think I was the only female sitting—it’s a two-day train ride. So I came—there was a Peruvian student here who was living in the—sort of a little boarding house. And I—you know, I rented a room and then again, I make question—I ask a question. “Where’s the best place in Boston to study for nutrition and [unclear] sciences?” They said MIT. So I took my little portfolio, took a cab and went up—had no idea of admissions or exams or—I just thought I’d take postgraduate work, that I would apply and paying for my tuition. So I went to MIT and I approached a secretary and told her who I was and what I wanted. And she says, “Wait a minute. Let me see if someone is available.” She picked up the phone, talked to somebody and then directed me to an office. So I opened the door and who was there? The head of MIT, Dr. Wiener. And he became very supportive. I heard afterwards that he had a foreign wife and so maybe there was an empathy there. And after explaining what I wanted he said to me, “I’m so sorry. We just closed our school [unclear]. But there’s another good school in town. Let me see if I

can get you an appointment.” So he picked up the phone, talked to [unclear] Barry at Harvard, the Harvard School of Public Health and said, “I’ve got a young Peruvian student here who’s interested in, you know, postgraduate work. Would you give her an appointment?” He did. I went the next day with my little portfolio and they looked at it and said, “There’s a few courses here that are missing. Now, if you go to [unclear] through the summer and get, you know, have good grades, we’ll consider you for the September class.” So I went to [unclear], enrolled in [unclear] and did the courses and went into the School of Public Health to get a master’s. At that point, Harvard Medical School opened the doors for women. And the teachers told—you know, we had teachers from the medical school—suggested that if I wanted to go back to [unclear] my work in nutrition I would be working with doctors. And doctors only speak to doctors so I better get myself an M.D. And by then it was only four more years [unclear]. And I said to myself, ‘I’m not [unclear].’ And my parents accepted that and I applied to Harvard Medical. I was interviewed and went. So it’s an unbel—to me, it’s a chain of events for a foreign girl to come in during the wartime. And that was in some ways historical because—well, two levels. One, because there were not enough men available to enter the medical school, although many of the soldiers, you know, were in the first class. And second, because at that point, after many, many tries—you know, there’s been many tries of women, wanting to have women at Harvard—the committee finally had more votes of the yeses than nos. So it’s—that’s what I’m saying is that it’s a story that is not a typical admission to Harvard Medical School. But to me it was luck and wonderful circumstances. And it

opened a world that, looking back, was such a wonderful world to be opened and to have [unclear], to be able to have a Harvard Medical School education. That was a wonderful education, that solid, solid medical knowledge that allowed me to have what I—a very satisfying professional life. And at the end of it [unclear] I look back with great—let's see, what I want—gratefulness, gratitude about having been given a chance.

LS: I just want to go back a second and ask you what it was like. English was not your first language. How long had you been studying English—so how it was to converse with people when you got to the United States.

RC: Yeah, my English—I had courses with this private school [unclear]. But it's very interesting; in some ways, both school of public health and the medical school are a language of their own. Even if you know English, you have to learn a whole new language. So the technical language I could—I know—in a way, I was a little more ahead because of the Latin. There's a lot of Latin in medical verbs and names, and so it was almost easier to memorize this material because of my Spanish. But in general, I would say again, looking back on my life, the fact that I had those two languages, those two cultures, the love for both of them has enriched my life, that I can go from one world to the other. I've done a lot of work in Latin America, [unclear]. And I think it helped me in medical school culturally to work with patients.

LS: To have that perspective?

RC: To have this broad perspective of the—I mean, I think the Latin culture has a type of sensitivity to human interactions that allowed me

to, oh, connect with patients maybe, you know. I think that it helped me [unclear].

LS: You mentioned a boarding house that you stayed in when you first got here. Do you remember where it was and can you describe it?

RC: Yes. It's [unclear] Avenue and I found it by chance during my School of Public Health. So I had a room there and when I came to the first meeting of the women, you know, that were registering downstairs, Building A, I mentioned that there were three rooms. And so we—the girls took all the rooms. And so—as you know, Vanderbilt had no rooms for women. So we all lived—I think five or six of us lived together there through the first couple of years.

LS: You had your own room?

RC: Yes, I had a room.

LS: And what was the setup like? Can you describe it?

RC: The room?

LS: Mm-hmm.

RC: Yeah. I had—it was a very pleasant room and in a corner I had a little kitchenette, had a little plate, electric plate, and cooked my own little meals there. I cannot remember the menu. But we had lunch at Vanderbilt. And I cannot [several words unclear]. We had a common bathroom and there was a—I think it helped us bond, the fact that we were together in the same house. The baby of the house was a very typical—sort of like a movie house [chuckles]—you know, house mother type that was very pleasant, very pleasant. So the stay at [unclear]—we still were a little resentful that we didn't have, you know, rooms here. We had to trek through the snow and the rain and we walked because, yeah, we didn't have—I didn't have a car.

[unclear] nobody has a car except a few of the men had cars. And when we had to go to hospitals we were all—we all got rides. But we worked everyday [unclear].

LS: Do you remember which women you lived with?

RC: I cannot remember exactly but I think Dorothy Stammond was there and [unclear], and two or three—and there was one man up the top floor. But I cannot remember his name.

LS: How did people react to you being from Peru?

RC: I didn't get much reaction. I didn't get—I mean, it almost was like they didn't know much about Peru, or it was so far away. I never had anything that I could tell you as an anecdote. The only thing I do—outside of a medical school, was that I had two wonderful women social mentors. One was the Judge Jenny [unclear], who was the first woman in the Superior Court. And the other was Mrs. Shaddock. And Mrs. Shaddock was the president of a Latin America society. And both women really took me under their wing. One was Jewish [unclear]. And Mrs. Shaddock was fabulous as far as asking me to be part of—a member of the [unclear] of society and set up during the first summer, I think, the tour where I would speak to camps and clubs all over New England about Peru.

LS: What year was this?

RC: That was in '46. I think I have some clippings about it and—of letters. And it was very successful, very successful talking about what life was like. So I had these two social support systems that I appreciated very much.

LS: You mentioned that one woman was sort of your Jewish connection.

RC: Right.

LS: Now, when you were living in Peru, did your family practice?

RC: No. No, we were not a religious family. No, we kept the holidays but we did not have [several words unclear] all that time. I've never had it here either.

LS: Not even with this woman?

RC: With Judge Jenny?

LS: Yeah.

RC: No. No, she did—she wasn't either.

LS: You described a little bit the application process. I wonder if you could go into a little bit more detail in terms of what they required you to do. And you had mentioned that there were some people that helped you, if you remember their names and how they helped you.

RC: I'll be honest with you. I don't remember their names but it [unclear] very simple [unclear]. First of all, they knew me from [unclear]. So they were somewhat familiar with my marks and my work and—but I do remember two or three interns. [chuckles] And I have one little anecdote. I remember I was coming downstairs to an office that was in the lower level. And I stopped to straight—you know, in those days you had the stockings that had the line. So I stopped and straightened the line and my skirt and, you know, sort of did all the feminine gestures of how you look. And I looked down and there's my interviewer looking. And she—[chuckles] I remember that moment where, you know, I didn't want to be that feminine but I was [several words unclear]. But basically, an interview, you know, what a [unclear], what I liked. I, in those days, had absolute plans to go back home. There was not—no question that that's what I was [several words unclear]. So I did talk about my future. I had a few

offers already. But I had offers when I left Lima and during my second year I began to also look at that. That was changed [unclear].

LS: Did you face any obstacles during your interviews?

RC: Can we stop here?

LS: Raquel, we were just talking about any obstacles that you faced during the interview process.

RC: None. The only—you know what, I did have—they had never interviewed women for admission. So I think they were very courteous, very nice. Well, I can remember having a very pleasant talk with them. I don't remember anything that wasn't like a social interaction. I had the feeling that they had not had much experience of what to ask a woman about their medical [unclear]. I don't know how many women were interviewed before they admitted the 12 that we were. But all I can tell you is that they behaved in the most cordial, nice—I only have pleasant memories of it.

LS: So you lived on Aspenwall. Do you remember the classes you took for your first year? Can you describe—

RC: The only one I remember, Willy's Anatomy. And that was with Dr. Green, I think, who had written the textbook for anatomy. So it was an issue of memorizing his book. And he's the only one I really have vivid memories of in that first year.

LS: How was he as a professor?

RC: Well, again, I think the professors had no experience how [unclear]. And so they were somewhat awkward and some [several words unclear] were gentlemen. That's—they were going to—so there was an area of the amount of awareness, or no interest or no familiarity. And I would say that one of the wishes in the first, maybe, two years

was that I felt somewhat invisible. You know, I didn't get a sense of much identification from the teachers. But I think it was they [several words unclear]. And there were only 12 of us so, between 150, we may have just been so scattered [unclear]. But we were—I mean, I was amazed to read the statistics of this year, 50 percent are women. I cannot imagine that [several words unclear]. But that was the sense. There was nothing very negative but there was a sense of neutrality, of not being there, of not being asked questions. There was a feeling we had, or I—

- LS: So you mentioned there being women scattered around the amphitheater. What kind of relationship did you have with the other female students?
- RC: Very pleasant. I guess a bunch of us, half of us lived together. So in general, I would say that all three or four years I had two or three very good friends. Joanne Taylor was a very good friend of mine. Doris Bennett was another. They were good friends. So I had, like, three or four good friends and the rest were very pleasant relations, always courteous, supportive. There was a little tension in, you know—in getting grades. “What did you get? Did you get a B?” You know, a little tension there but—and that was, you know, a part of everybody.
- LS: Did you talk about what it was like to be a woman at Harvard Medical School with these students at the time or—[unclear] describe, you know, whether or not that was an issue?
- RC: I'm—we were—we felt special, especially because the media paid us attention. We were interviewed and we were [unclear]. So we had a little feeling of being special. But no, there was not much of an issue.

The men were very courteous, very supportive, very friendly. I never remember a negative experience [several words unclear].

LS: So you thought they treated you as equals?

RC: Well, pleasant. Again, ignoring us a bit, you know, but it was nothing negative. No—nothing that would make us feel, you know, that we were in the wrong place or we were [unclear] somebody. That did not come up, at least in my experience.

LS: Did you ever have to work with the male students on projects?

RC: Oh, yeah. The cadaver, the cadaver.

LS: Can you tell me about that?

RC: Well, the cadaver—they were all males. I mean, I think—I was—you know, I have a feeling that they put in one woman per cadaver, or two women. So with a cadaver we were together, again, helpful. And I remember asking questions on this or that [unclear]. And again, a very collegiate feeling, working together.

LS: Did it ever feel awkward?

RC: It came—it became awkward when it came to—I don't remember if it was a woman or a male cadaver. But we did do the genital areas, that whole area of the genitalia became [unclear]. And I, as a Latin, was even a little more shy about talking or touching or cutting, but not of a major [unclear].

LS: How did the men react when—

RC: I don't know. They did not express it too well to me but a noticeable awkwardness, you know, with a [unclear].

LS: Do you remember what a day in the life was for—for Raquel during her first year in medical school?

RC: Well, basically, you know, after breakfast, walking here to the amphitheater. I always liked to be the first rows [several words unclear] because I wanted to focus and pay attention to the teacher. And so we would—you know, we would be in the amphitheater. In those years, we were mainly in the [several words unclear]. You know, they've changed now. So we'd go from one class to another, generally. A couple times we stayed in the same amphitheater for two or three, and then we'd go to Manderville. We'd sit together. The girls would sit together for lunch, then come back for another class and eventually the labs, and then walk home, study. [unclear] study. [unclear] study a lot. [several words unclear] were my life.

LS: So describe what you did for social activities.

RC: Well, remember there was a war. It was about '45—'45, '46 [unclear]. And basically, I spent time in the house of the judge socially. They sometimes—she had a daughter that became my best friend. And we would go to some of the dances, clubs for the GIs. So we'd go there. It—it was mainly visiting people. I had a very, very limited social life.

LS: Did you ever get outside of Boston?

RC: Only went if an American—that summer I went when I traveled [several words unclear] lectures [unclear]. I traveled around New England. Basically, I think that was it. Oh, I went to New York because my father would travel to New York for business. And he's—there's a floor in the Waldorf that's all Spanish speakers is—he always went there. And I would join him for a weekend. That was it.

LS: How often would you travel to New York?

RC: I would say three times a year [unclear].

LS: Was this the only time that you saw your family—

RC: Right.

LS: —when you were at—

RC: Right. I went back home a—where—begin my first and second year for a vacation [unclear]. And I had another difficult year that, when returning, I was terribly homesick, terribly homesick. And—but my mother, you know, said to me, “This is an opportunity. I want you to stick with it.” And I came back [several words unclear]. But—and then I also—that year I went to Buenos Aires. My sister married a Buenos Aires [unclear] and has remained in Argentina the rest of her life. So I have traveled a lot to Argentina and to Peru and this [unclear]. But it was limited because, I mean, medical school was the most important part of my life.

LS: Were there any female role models for you?

RC: Not that I remember—mostly were men. I don’t know [several words unclear]. I think I came to Mass General for my third year and [several words unclear]. But through the first two years they were all [unclear].

LS: So at some point when you were at school you must have met your husband.

RC: Right, I did.

LS: Tell me how you met your husband.

RC: It was through this business at the Waldorf. I had a friend that—the daughter of the judge—

LS: What was her name?

RC: Vivi. Sadly, she died of a tumor, brain tumor. She was in Europe visiting with a girlfriend of hers. So I invited her and her girlfriend to

come [unclear] have a tea—[unclear] tea party. And so the story goes that this girlfriend of Vivi went back to home after she met me and called her family in Boston and said, “I think I’ve met the girl for” her uncle, which was my future husband. So it was a blind date. He was in Washington, having returned from the war the year before, and a lawyer. And he was working over the [unclear] and [unclear] war assets. They were sending all the surplus of the war. And then he returned to—we—he offered to show me Washington one of the Christmas vacations [unclear].

LS: Do you remember what year that was?

RC: Oh, let’s see. We were married in ’47 so it must have been ’46. And so then I came back. You know, he returned back to Boston [unclear]. And then we were married in June of ’47. So that was my second year of medical school.

LS: How long did you date before you got married?

RC: I—like, eight months.

LS: Did you know from the start?

RC: No. Oh, no, no. We didn’t hit it at all in the beginning. [laughs] You know, he thought I was a very spoiled Latin woman. But—because I had such [unclear] self-expectations about everything. But he did some wonderful, wonderful [unclear].

LS: Where was—where is he from originally?

RC: The same, Russia. I mean, no, I’m sorry. I’m sorry. His grandparents were. He was born in this country. He was born [unclear]. And he was one of 13. One of 13 so I—when I married I was absorbed by my in-laws a hundred percent. I didn’t have to worry about a social life anymore.

LS: So describe what it was like to be married during medical school.

RC: It was—it was, again, rather limited because there were things that had to be done. You know, there was school and then by then I think I had to go to the hospitals and taking care of [unclear]. But the—a cousin of his had a beautiful little—a three-level house on the street that's parallel to—to their family. It's a very pretty street [several words unclear]. But anyway, so he offered us his little top floor, a small, two, three-room den. We started our married life there. He bought me a little car so I was able to drive to the medical school. Then I'd come home, cook for us and then study, study [unclear]. And he was very patient. He allowed me very much to concentrate on my work, very supportive.

LS: What was he doing at the time?

RC: He was opening his law office. He was being a lawyer—trial lawyer [unclear].

LS: Where did he practice?

RC: [unclear], Beacon Hill. State Street.

LS: So how did you decide when you wanted to start a family?

RC: [chuckles] It's a [unclear] story. I had a wonderful teacher by the name of Himlan, obstetrician, that I [unclear]. And I was asking him, you know, about future plans for a family. And he said, "You know, my experience with professional women is that you've got to stop using any contraceptive two or three years, or four years because they are so high strung that they will not get pregnant for a long time." So he said, "If you want to, you should begin young [several words unclear] residency." So I began and two months later I was pregnant. [laughs] And that was the end of that, you know, fantasy of this

doctor. But he was my obstetrician for our kids, a wonderful guy. I had—all my doctors were Harvard—you know, at Harvard, [unclear] pediatrician and surgeon, the general doctor, the obstretician were Harvard professors.

LS: So how is it to be pregnant and a medical student?

RC: I think it didn't bother too much until the last couple—no, I'll tell you what I did. I took all the courses I had to and left electives for the end. And so the electives were all very easy electives for me. But one of the funniest anecdotes is that one of our final exam question is [unclear] of the last trimester. And everybody looked at me. [chuckles] [sentence unclear]. I think I got an A on that question. But again, you know, because the way I had organized the last year once I found out I was pregnant, it went very smoothly. I had a very good pregnancy, very good delivery [unclear] who today is a lawyer [unclear].

LS: How did the other students react to you being pregnant?

RC: Just a little joking here and there, but gently, [unclear] gently [unclear]. [several words unclear] and remember, we were very scattered by then. I mean, we were all over Boston so I didn't see much of my colleagues except—and by then I wasn't living with the girls anymore. So it was, you know, encounters here and there [several words unclear].

LS: Could you describe your average day during your fourth year of medical school?

RC: Well, like I said, I'm trying to remember what caused [several words unclear], what—I think I was at Mass General and City [unclear]. I did—I tried to do an elective on children but I couldn't because it

was—I somehow could not handle seeing such sick kids emotionally. I tried for a week and then—but it was an elective and I [unclear] I couldn't. And even today I have difficulty with children with cancer, so severe illnesses. I get very emotional. So basically, it was doing the work at the hospitals and studying for finals. At that point, I'm trying to remember if I moved to an apartment in [unclear] or were waiting for the baby [several words unclear]. But again, a very routine, focused work. I loved medical work. I loved working with the patients. I thought that that was my life.

LS: When did you know you wanted to go into psychiatry?

RC: Well, when I started looking at what profession I could—you know, by then I had a baby—and so what profession—I loved—I wanted to be a pediatrician, you know, which is what I started with in child nutrition. So it was somewhere—and I also was very interested in the maternal child bonds. And so that I moved from the physical, really, interest in development, which was nutritional-wise, to the mental. And so I decided to be a child psychiatrist. [unclear]—I stayed with the same population that I always loved and wanted to help but moved to a different specialty. And again, I find that area so fascinating to me, especially now that it's become so much more scientific and [unclear]. I have never lost the public health focus on large populations and prevention. And work with this—this developmental system that's interactive, the maternal child interaction, and now with the brain—I've always been very brain-centered. And so I've been a psychiatrist who did not go into psychoanalytical fields. It was always a very pragmatic psychotherapist and now very, very much

into genetics and [unclear], which brings me to a trauma [several words unclear].

LS: Looking back, do you think you would have done things differently if you weren't pregnant?

RC: I think I would have had much more post-grad—post medical training. I think I—I had a good [unclear] and not as deep—and I think I might have gone more at a higher level of [unclear] international traveling type of career. [unclear]. You know, I had—I have three kids so that's a decision I made. I said, "I'm going to stay home or have—curtail my work because of [unclear]. I had, you know, my full family at once. And I was planning on two but then a third came and that was it. But by having them together, it became so much easier in terms of care, baby-sitting, camps, school. There were three of—you know, and so—and also, I was able to—once they went into fourth or fifth grade, I was working [unclear] full time and I was—I had—I had two great breaks. First, at [unclear], I don't know if you know that Dr. Somerman was—[unclear] Somerman was married to a wonderful lady, a social worker, very [unclear], who convinced him that two doctors could split a stipend. So another doctor and I divided our residency in half. So I made it in sort of eight years. And that was great because I came out of there with a [unclear]—as the same level as my male colleagues. You know, because I studied and I read. I went to some staff meetings [unclear]. And the other one was that on my—when I left I [several words unclear] I would say 11 years I was there because I—the people that hired me [unclear] my first job [unclear] paid me for full time—they [unclear] me for full time but allowed me to go home [unclear].

LS: You graduated in 1949.

RC: Right.

LS: You had your children.

RC: Right.

LS: And then, according to your resume, three years after you graduated you did a residency?

RC: Yeah, because in those days they allowed an internship—[unclear] internships [unclear].

LS: Could you describe that?

RC: Yeah. Well, it was—I worked at the Metropolitan State Hospital and was able to work through the day. And then I also did part time at the Children's. So the combination allowed me to go—be admitted to go to a residency at [unclear]. I stayed at [unclear] half time [several words unclear] stay as a supervisor and [unclear] of the first [unclear] hospital. And by then I decided that—by then we had Dr. Jack Ewald as our—the head of [unclear]. And he offered—when I asked, I said, “You know, I think I'd better go out a little bit into the world,” because by then I was so comfortable there and [unclear] to challenge. So he offered me to be the head of one of the state hospitals, the big ones. And I said, “No. I really want to go into prevention, public health type of work.” And so they opened this clinic for children in East Boston, [several words unclear] with—for children. I was the first director of the [unclear].

LS: How was it going from Mass [unclear] where you sort of worked your way up, to the director?

RC: I loved it. I loved it because it allowed me—I had a lot of ideas about how to [unclear]. But [unclear] was a bit too structured in the [several

words unclear] influence. And I wanted to put my ideas into practice. And I did. I did a lot of innovations and I don't know if you know that this whole physical area [unclear] Beacon Hill was [several words unclear]. So I guess [unclear] had developed the infrastructure for what eventually became [several words unclear], which [several words unclear] being the head [several words unclear]. And he invited me to [several words unclear] relationships [unclear].

LS: How did people react to you being [unclear] in a director role?

RC: I didn't feel—and I didn't feel any—I mean, I felt nothing but tremendous support. The community was wonderful, just was a [unclear]. There were several women there and they were very grateful to have someone drive through that terminal everyday and show up. And they liked my work [several words unclear]. So it was a very good experience, very positive. And I was allowed to do—really put into practice all my experiences. And it's interesting that I began to look at the issues of child abuse [several words unclear] my career. It allowed me to do a lot of schoolwork, which again became part of my career with Gerald Kaplan. So a lot of strands began to merge [unclear] activities. But it was mainly the freedom, the freedom to—you know, a change in the setup structures. I [several words unclear] the rest of my life. [sentence unclear].

LS: What kind of experimentation did you do?

RC: Well, I—one good example. I felt that taking three interviews to make a decision about [unclear] child was unnecessary. I thought that in 45 minutes you could make some key [unclear] for them and it didn't have to remain the rest of my life. There is—

[end of side 1, tape 1]

LS: Raquel, you were just talking about key data for intake.

RC: Right. What I have found, and again, this applies to the rest of my career for the last 50 years—in my field, psychiatry, we take a lot of extraneous data which is no use and takes time and money. That is, three interviews instead of one. So the point is to know what is the data you need for a decision? And in some ways, it's very helpful to know what is the decision you have to make and then go backwards. [unclear] what is the data that I should get to be able to make a good decision? And I found that it is a very minute amount of data but you have to know which data. And so I applied that and had a day where people would come for 45 minutes where I would interview them and make a decision [several words unclear]. I knew what they needed and then sent them out [unclear]. I didn't need to interview. I didn't know—I didn't have to know what the grandmother did or whether the father's drunk. Or—I mean, there were things that are for diagnosis, which is, you need for therapy. The other things I'm going to have as you go along. But you need to spend the amount of money and time to make quota decisions about diagnosis. And that was something that they allowed. I also know about working with schools. I know that—I learned—this was experience—how teacher's values and objectives are different than mental health values and objectives. So the question is—you cannot help a teacher if you keep your own values and objectives because it doesn't mean anything to them. I have to take the values and objectives of the teacher and

think, ‘What will help that teacher?’ So I was able [unclear] to look at that artistically. These are examples.

LS: I was hoping you could tell me a little bit more about the Lindermann Center. You mentioned that.

RC: Well, what happened is, as I pointed out, I was—I had developed a lot of wonderful relationships with that piece of [unclear], the mental health center. It came—I had been very lucky to in such good historical times. That was about the golden times of psychiatry because Kennedy—President Kennedy allowed a great amount of money for new [unclear] programs, of which the Lindermann was one in which the regional planning for every type of handicap—mental handicap, [unclear], drug abuse, child and adult [unclear], inpatient, outpatient, you know—every type of component to allow the person or a group of citizens to get services. And I think it was due—because, you remember he had a sister [unclear] Kennedy [unclear]. So he was very sensitive, I think, and he passed this very well-funded—and we got a lot of good funding because we were connected to the O’Neils, the Kennedys. And so we got very good grants for Lindermann and it was a good budget. So anyway, Jerry Glitterman was selected as a first [unclear], a wonderful [unclear] and a good friend of mine. And he asked me, would I consult and look at the component, the state hospital, how we could [unclear] patients into the community [unclear]. So I began to look hard [several words unclear]. And then when Jerry was elected for the national position, the position opened up. And I applied and we—we were two of the last [unclear] to be selected. And the other person was at Harvard. And I was approached and said, you know, “Harvard’s don’t compete

with each other. [sentence unclear].” And I said, “I’m not. I’m going to stay put.” And by circumstantial issues, which I won’t go into, I was selected, and so—

LS: I actually would like to hear more about why you were selected.

RC: It’s a little bit—the reason the other person was not selected is because of something that happened to him [several words unclear]. But it was that issue. There was something that the commissioner was unable to select him. So I sort of stayed as the last person and I was given the job [unclear] because it was so familiar.

LS: What date was this when you were hired?

RC: Let’s see. Remember, I went to the School of Public—I first worked with Kaplan. I went, you know, from—

LS: This is Gerald Kaplan?

RC: Yeah. I went from East—I—when I was in East Boston, I think it was in ’68 [several words unclear].

LS: You were the director of the North Suffolk Mental Health Center from ’63 to ’67.

RC: Okay. And then I was at the Lab of Community Psychiatry.

LS: Yes, with Dr. Gerald Kaplan.

RC: Right. I was invited [several words unclear] one day and said, “We would like you to be the social director of the [unclear] Center.” And at that point it was such a broad, wonderful position I accepted. And so I was at the lab working with Gerald Kaplan, and that became a national training program for [unclear] to me and the leaders of health. And after that, Gerald Kaplan left to go to Jerusalem and I was invited by, oh, what’s his name; he was in Washington—Richards to—they—he just got a grant for updating each other [unclear] system on all of

the [unclear]. And so he invited me if I would take—at that point, I didn't have a job. And I've always been publicly employed. I have always a little practice, private practice of women patients. But most all my life I've been really mainly attracted to [unclear] governmental jobs. And so [several words unclear]. The office was under Judge Baker, the main office. And so I spent a few years trying, although in the meantime and again learning more about child abuse, which eventually brought me to Janet Reno at the end of my life [unclear], sort of an [unclear] time together [unclear]. But it was while at Judge Baker that the Lindermann opened and I applied.

LS: That was in '71 and '72.

RC: Right.

LS: Right. Can we take a moment and can you describe more in detail the Lab of Community Psychiatry at Harvard Medical School?

RC: Right, right.

LS: Who you worked with—

RC: Well, Gerald Kaplan had a small staff. I'd say four or five professors and assistants. And he was housed in a new house next to Mass [unclear]. And his program was selecting, I think, 15 or 20 leaders of the whole country to come and spend a year to learn about careers in psychiatry. To me, how the most wonderful teacher. I mean, it was like me going to be tutored by the most fantastic teacher, and a lot of my work is based on his concepts. And also, there was a Lindermann [unclear]. So it was Kaplan and Lindermann that at that point really set the stage for making me sensitive to disaster. [unclear] some of the building of conceptual learning that I was always open for. I was always curious. I always wanted to know, so that by being the

associate director I had two levels of work. One was there were [unclear] where I did the training [unclear]. My major one was working with the Boston schools. So I had both training and my hands on the field, which is interesting. I don't know if you know, there was—[unclear] done with the year where the whole concept, [unclear] concept of where children would be brought into regular classes and not separated [several words unclear]. He was involved—something like that [unclear]. And I started by consulting with the head of one of [unclear] who eventually became a superintendent of [unclear]. And she took me along so—as a consultant and moved to the top of the Boston schools full time. I also became very interested in training—the training of the Puerto Rican children. And, you know, the Puerto Rican children came here without—what grade they were in. So the teachers had to test them and they tested them on tests that were here for Anglo kids—you know, mainland. And they failed, all of them. So they were all put in retarded classes. So I went to the school board and presented to them this dilemma and asked if they could be put into classes according to their age and then see if they could make it, instead of being tested on paper, and they accepted that. So these are examples. And then I also held developing all [unclear] with all the schools around also. That was one other thing. And the other one was administration. You know, having to give [several words unclear] supervising. But the interesting thing is that the chairman of the Department of Psychiatry in Miami [unclear] was one of my students and he was my boss in Miami, because I worked in that department. [unclear]

LS: While all this was going on, you started teaching at Harvard. You started as an instructor, and then went on to be a clinical associate and then an assistant professor and an associate professor.

RC: Right. No, I taught all the—whenever—activities that I've mentioned to you I've been teaching. That is, I—you know, Harvard has a tradition that an older level person teaches the young one. You know, [several words unclear] medical students, the residents, the interns. And so I've been teaching since [unclear] at every level.

LS: Then was in 1960 that you started?

RC: That's right. Right, so teaching has always been part of everything I've told you. At every level I have students. And with Kaplan I had students, the leaders of this country [unclear].

LS: What was it like to sort of move up in the ranks? Were there obstacles?

RC: Not—there were not obstacles up to the associate. That was because most of their appointments were done by—who was my bosses of the superiors. They put the application and they obtained because, for instance, Dr. Kaplan helped me publish a lot, although I started publishing in advanced [unclear]. I still remember the excitement of my first paper and it was published. Now, you know that I have a web page, don't you? And the web page I have my publications and [several words unclear] last six documents have—not the last ones in terms of years, but the last ones I've sampled, I just put in there when I had [several words unclear]. But I have publications or reports of major steps of my career. But anyway, I started publishing [unclear] and Gerald Kaplan helped me publish two very [unclear] chapters and books. He's a fabulous writer, you know, has published fantastic

books. And he invited me to write. So my appointments [unclear] are based on [several words unclear] teaching, hours of supervising medical students, residents and interns. Whoever was studying in my sphere, I taught, so teaching has been a very good part of my career. As the associate professor, I couldn't go through the last [unclear]. There were two committees that considered [unclear] position. And I have not heard exactly why I didn't get it. And I have not heard exactly why I didn't get it but I—somebody told me that part of the problem at that time was that I was too much in the community and not enough in academic. For instance, I have never done much research, also my [unclear] are [unclear] and conceptual. And so they thought that I did not have [several words unclear] and I was too much out working. And today it's become a major aspect of being in the community. But anyway, that's what my big obstacle was.

LS: Who were your advocates at that time?

RC: Well, it was Gerald Kaplan and also [unclear] the head of the Mass General, Hackett. Tom Hackett really [unclear]. But it was Gerald Kaplan and Tom Hackett that were strong allies.

LS: How did you feel after that process?

RC: I felt very bad. It was part of why I left [unclear], part, not all. I felt very [unclear] because several colleagues of mine who were, I believe, [several words unclear] research [several words unclear].

LS: [sentence unclear].

RC: [several words unclear] none of my women—none of my colleagues—female colleagues are professors. I don't know which is the first [unclear] my professor. In Medical School, is there one?

LS: No, I don't know. How much pressure did you feel though to publish?

RC: I enjoyed publishing. And it was—I loved writing so I never—I mean, most of the—the interesting thing that—there were, I would say, around—after Dr. Kaplan's work, people invited me to publish. And I [unclear] invited to publish [unclear]. Most of my [unclear] publication have all been invited. I have very few [several words unclear]. I don't remember much—ever an objection.

LS: What was it like, your personal life, while all of this was going on?

RC: Complicated. You—typical of any woman who wants to balance home life, children and a career. There were ups and there were downs. I had a very difficult time with my teenagers [unclear] of the Beatles. There was a Beatle era with the long hair, no washing. You know, crashing into homes where they would stay overnight. The issue of drugs—you know, trying drugs. It was rough at times. Rough. Rushing home, worried when I was, you know, in the traffic. I got stuck in the tunnel traffic occasionally, East Boston, and give, you know, the baby-sitter or are they back from school? So a number of anxiety was there all the time. [sentence unclear]. There was—even though everything I loved—I loved my house and I loved my kids and I loved my profession, it was—the—there was a tinge all the time. There was always something to do.

LS: Where were you living? Where did you raise your children?

RC: Newton.

LS: Newton.

RC: Wonderful. I mean, we chose Newton because of the schools. They were wonderful schools and we were very lucky. We bought a house,

like, five or six blocks from the [unclear] school. Then they built a middle school. Then they built a high school. So as they were building, my kids were entering them, just like five blocks away, six blocks away. [unclear]. One went to the University of Vermont and—Sarita. She has a master's in education and in psychology. My other daughter [unclear] Miami, went to Bennington and Harvard education and is [several words unclear]. She's—has [several words unclear] for ocean research. And my son is a lawyer so I guess, you know—and we have a wonderful—you know, an anecdote was that once I went to a class of my daughter in Vermont. And this whole group of sociology, and the teacher asked her, “How did you feel about your mother working and not being at home very much?” And she said, “Well, at times it was sort of difficult but what I love now is that I don't have to worry about her. She's on her own.” [chuckles] So that, you know, we're balanced now. But we're very good friends. My son, who's, like, four blocks away from me and, like I said, I live on an apartment [several words unclear]. So it has worked well. But in between has been rough spots.

LS: How old were your kids when you started full time?

RC: [several words unclear] college. I think full time when my youngest was in high school. Oh, but, like I said, this—there were tough—even though it was paid full time and I was allowed flexibility, the fact that I worked at home—you know, in psychiatry you can read or write records and—at home. So I was able to never fail at my job. I always was able to stay with my job because I did so much at home. I really [unclear]. That's what psychiatry is a flexible career for a woman. It's a very adaptable [unclear].

LS: So that you were home when your kids were in school and able to balance teaching, students, directing various mental health centers.

RC: Right. But remember that when I was [unclear], you know, my day would go from [unclear] to [unclear]. By then, the kids were really [unclear]. But when you're sitting there directly you have a student with you, so that teaching doesn't—is part of the day. It's part of your job. It's not like [unclear] the hour you spend teaching is the hour you spend [unclear] supervising. So they melded, just melded very nicely from day by day by day.

LS: How do you feel your work affected the scholarship and the community of mental health?

RC: Well, I think that I was able to effect—there were three levels. One was with Gerald Kaplan. My training—the training I did [several words unclear]. Second [unclear] Boston by the [unclear] for the future [unclear]. And then at Linden by developing [several words unclear]. Again, I had a lot of—what I've been very lucky is a lot of freedom, with a lot of freedom to innovate and there's always been space to innovate. And it was—it was because of my interest to innovate and people allowed me to, or I chose—I chose jobs that allowed. So that combination of [unclear] to have the settings and my own interests, and people allowing me, because there was no one else there. I've always been in fields that was not crowded or competitive. I've always been in a field where the poor people live and sick people live, and not too many psychiatrists who—you know, it does not earn you any money. Money—I mean, I didn't have the responsibility to pay for a whole family's expenses. The fact that I could—my husband was the basic earner and the basic income, was sure our

kids—and we lived comfortable, nothing special but comfortable. I [several words unclear] in some areas of Massachusetts [several words unclear]. [sentence unclear]. So I did choose jobs that people didn't earn very much, so there wasn't much competition and so a lot of space and [several words unclear].

LS: You were really involved in a lot of groundbreaking work. I read that, before the establishment of the North Suffolk Mental Health Center, there were no mental health services available.

RC: Correct.

LS: How is that like? Starting something like that that was—

RC: Well, the thing is I had the conceptual idea of how I wanted these programs to go. One was the clinic one. You know, [unclear] done. We had the second floor of what is the health center [unclear]. It's a little building that [unclear] has become the center of health services today. And so you start with the clinic service, the direct looking and talking to kids. And then you go out into the community and you look at—see, I thought that mental health belongs everywhere. That's my attitude, that everywhere that there's a human being there's a place for mental health, that assistance to human beings [unclear] right now, it has a—this whole thing of [several words unclear] to the Army. It's like that they are psychiatrists [unclear] embedded into the teams with—being embedded. I had [unclear] in those years. I felt that we were embedded. And always prevention—early, early identification [unclear]. I helped develop this early program for children, this [unclear] program for poor children. The name will come to me in a minute. I don't think I have it there. But anyway, I remember a mother coming in the beginning, “I don't like this program because it

discriminates. It points out that we are poor.” But it was a program where you were offered education and, you know, the early attention to health.

LS: Was it Head Start?

RC: Yes, it was. And Dr. Richard [unclear], the one that [several words unclear], was one of the Washington, who was a good guy and helped at that point. She said, “No, no. I don’t want my child to be identified as [unclear].” Well, a year later, and I set it up [several words unclear]. A year later she came and thanked me so much. So a working knowledge as just an example of my belief that psychiatry has a lot to offer, not the psychiatry as identified through the mental illness, but the mental health aspects. I’ve always been tilted to the word prevention and [unclear] and early diagnosis of the mental health part of psychiatry.

LS: What do you think influenced you with a [unclear]?

RC: Peruvian—my Peruvian background. My living and facing poverty. You know, with the sad part of the cities in South America—do you know any city?

LS: Never been to South America.

RC: Oh. Well, the cities are always surrounded by the people from—you know, who were [unclear] districts of the country, Venezuela and Brazil. You’ve heard about the Brazil—terrible. You know, how [several words unclear] the wealthiest people in the world. So you—you see it. You know, [unclear] I’m sensitive. So I’ve always been very much influenced by early experiences of the fact that some people, as I said, are born without a chance to get out of it. But that has moved me to—with probably [unclear] and then take care

academically, learn more [several words unclear] what do you do about it? I try to [unclear].

LS: You've been forward thinking in a lot of work that you've done. You served on the Harvard Medical School Admissions Subcommittee and [unclear] Committee. Could you speak about that?

RC: Yeah. Well, again, is [unclear] times was affirmative action and women and minorities [unclear]. So they always looked for a woman. And I was in the—you know, [unclear] quadrangle. There were not too many of my colleagues working [unclear]. So I was invited to become a part of all kinds of [unclear] things. And [unclear] that needs to be—I don't know if he's still the head of the minority group. I don't think [unclear] right now. Anyway, he was a colleague of mine so he invited me. My colleagues invited me to participate and, you know, I learned how to look at [unclear]. And I was part of this beginning where Harvard really became very sensitive to minorities. And so it's—was the beginning that [unclear] the minorities, Mexicans, Puerto Ricans. Those days.

LS: [unclear] what did you give towards that?

RC: Well, I always pointed out some issue [unclear]. You know, [several words unclear]. [several words unclear] broader [several words unclear] poor Mexican kid. And it was [unclear]. So I was able to bring some data because they knew I traveled back and forth, and credibility [unclear].

LS: How did you feel playing that role?

RC: I loved it. I have always worked for opening doors to women and minorities at every level. I've been in Washington when I finished my position to [unclear] three years [unclear]. I always proposed

another Latin American. I always proposed a woman. I would generally propose women [unclear]. When I look at the bio reference of them all the words, you know, involved [unclear]. I was—I compare and if a woman and a man are just as [unclear]. So I'm always involved—I always have tried to give support to minorities. I think I'm very pro-minority, pro-women, if you know my work.

LS: Do you consider yourself a feminist?

RC: Not having the classical [unclear] feminist. You know, I still feel—I don't ascribe to [unclear] woman any special favors, just equal. That's the way. So I'm not [unclear]. There's a word, pro feminist [unclear] very active women. I'm not but I'm very pro-women. Wherever I see an opportunity or wherever [unclear] I will always [unclear].

LS: Are these values that your parents instilled in you?

RC: I don't know, to be honest with you. I had a couple of very interesting women sort of mentors as a teenager. One is that—the daughter of the English ambassador [unclear] her house for [unclear] house, [unclear] guides. So I [unclear] and I had a, like, a crush on her. You know, she was the big captain with the—I was the captain on the little team. So I have a feeling that there was something about her that inspired me because she was that type of a woman to [unclear]. And then—and then I had another—but it's interesting. Both were English women. There was another woman that I also admired. My big hero in my life has been Madame Curie. [unclear] when I was a teenager I read a lot about her. She was most admired [unclear] ideal.

LS: Did you first learn about her through school or—

RC: Books. I read a lot.

LS: So you just happened to come across—

RC: Right, right. [unclear]. And Nightengale was a—those two women—they were kind of—I used to love biographies. I read every biographic—we had a [unclear] library very near my house. And I used to take books [unclear]. And my [unclear] read about Curie and Nightengale and always—they've always stayed in my mind. Why [unclear]—why did I choose [unclear]?

LS: Did you have peers at the time with similar interests?

RC: None. Never have had that.

LS: What was that like?

RC: Lonely, lonely. I [unclear]—have in general been very—not lonely but not a very social person. I don't have much social skills even today. You know, I'm very comfortable in professional opportunities. But I'm not a—I cannot chat too much, don't feel social, like clothes or social themes or clubs. They're meaningless to me. So I don't have the skills [unclear] skills. I envy some women who—you know, colleagues that are friends of mine, social friends, who walk into a room and immediately connect. I can't. I don't have that capacity.

LS: And yet, so much of your job is reaching out to people.

RC: But it's always helping people. It has purpose. It has a structure. I invented by myself [several words unclear] participate [unclear], sharing, listening. I'm not—but as Raquel Cohen in a, you know, evening of chitchatting or lunch at the club, [several words unclear] know exactly what to—because I'm not interested. [several words unclear] women's [unclear]. If you were participating in [unclear] social [unclear] activity.

LS: So were other women at the Harvard Medical School when you were a student doing clubs, activities?

RC: I don't think they did. I think the preschool to 12 were very, very focused on the medical [unclear]. We don't see the real [unclear]—there's a very, very dear friend that quit in the second year. I don't know if you know that in the second year [unclear]. There was [several words unclear]. But she and I became very good friends and she was married to an apple orchard old man in Vermont. That's how we started in Vermont, by the way. And we went visiting and my kids fell in love with skiing. So we bought a small skiing lodge, spent the weekends [unclear] one where she lived [unclear] apple country. And so she again, you know, left after three years, but is the only one that I know that could [several words unclear]. [several words unclear] but I don't know what the rest of the class [unclear].

LS: Do you stay in touch with anyone from your—any [unclear]?

RC: Well, many the first year [unclear] Doris Herman and a little bit [several words unclear] and things like there. [unclear] Taylor a little bit because she was in California. Marcia is in [several words unclear] also in Florida but I haven't seen her. She went up north. And [several words unclear] also a psychiatrist. [sentence unclear]. So occasionally and certainly at the reunions.

LS: What did you talk about?

RC: Basically, family and children, some of the work they were doing. That was the main topic.

LS: So sort of catching up?

RC: Right.

LS: You were also on the board of advisors for the Harvard Medical School. Can you talk about that?

RC: [unclear]

LS: That was 1974—no, '76 to '78.

RC: Yeah, I think that was mainly looking at new programs. And I think I was part of affirmative action too—were looking at problems that are roles and how to solve. I think that was a really high level type of [unclear]. I didn't speak much. [unclear] very male dominated. And so I was sort of on the quiet side [unclear] no, whenever I could. But I would say that was a very, very top level male—

LS: Did you talk a lot in class when you were a medical student?

RC: No.

LS: Did any women talk in class that you remember?

RC: I don't—I'll be honest. I was so focused. Remember, my English—you know, I had to really concentrate because it was not—still was different. But I—[unclear] very smooth [unclear]. And we chatted, certainly. You know, we'd go out for lunch and we chatted. We chatted about the lists and what did we learn and what did the teacher say and how do we—it was all work. That is, business.

LS: Were there places in the lectures though where the professor asked students to answer questions? In which case, did you volunteer?

RC: Very little. Very few. I don't think I was very active. I don't remember myself being very active, except in small—where we had some [unclear] seminars. But never in the big amphitheater. [sentence unclear].

LS: Do you—why do you think that is?

RC: I don't know. I—to be honest, I don't know what it is, the shyness or [several words unclear]. I have no idea why—I'm much more of an intake person and I listen than I am expressive.

LS: From 1977 to 1980 you were on the Faculty Council at the Harvard Medical School.

RC: Right.

LS: Do you remember that experience?

RC: Right. Again, it dealt with appointments and with directions of the school. And again, I was [unclear].

LS: Were you advocating for anything, although—

RC: I was—I was mainly problem solving, you know, and certainly for women. You know, I always looked for the [unclear] of women in positions.

LS: You also served on a Lectureship Fund Committee and [unclear] Lopez or [unclear] Lopez. Could you tell me about that?

RC: Right. You know, that was one of the most wonderful experiences because I suggested the name of [unclear]. He's, you know, one of the leading writers in Latin America. [unclear]. And they accepted and so they asked me to go and invite him. I happened to be going home for a trip and so it was just a wonderful experience. He came to Harvard and I was part of the committee for the reception and the dinner. He gave a beautiful talk about another Peruvian poet. And I loved everything about him, everything. It just was a dream type of thing.

LS: Because that's when you're bringing a piece of your home [unclear].

RC: And I was so proud of him and it was someone I admired and respected. To be part of the reception group and have dinner sitting

next to him, you know, it was just great. And I had [unclear]—I kept seeing him, you know, at times, [several words unclear]. He comes and gives—he's invited to Miami to give talks [several words unclear], which I'm eager [unclear]. So he was a presidential candidate but lost to [several words unclear] a Japanese prison [several words unclear]. But he was in politics, a wonderful guy.

LS: Was that the start of your relationship with him when he—

RC: No, no. I knew him since—I didn't—no, I knew about him since I was a teenager. [sentence unclear]. But going to invite him, to his home was the first time I met him personally. He lived very near where I lived.

LS: You also were a member of the Gay Lectureship Fund Committee?

RC: Yeah. That again, was choosing a presenter. We all voted. I can't exactly [unclear].

LS: So you were active in Harvard committees and enjoying to sort of shaping the student experience. You mentioned that you felt like you were asking them to come, be a part of these, that you hadn't sought them out?

RC: All of those were invited or by invitation. I didn't even know about some of them. So everything in that—in the Harvard activities was by invitation.

LS: Were there any committees that you wanted to be on that you didn't get invited?

RC: No, no.

LS: You also served as faculty advisor for the [unclear] earlier on when you started at Harvard. What did that do?

RC: It was meeting with students, which I loved [unclear] and some women, some men, and basically helping them, you know, learn how—and answering their questions. [several words unclear] housing to hospitals to choice of courses, very basic interactions.

LS: Do you feel like the men or the women reacted differently to you?

RC: No, no. [several words unclear] like they all reacted [unclear].
[chuckles]

LS: How's that?

RC: Which is a little bit worried, you know, would they be judged and would they be criticized in this little room? [unclear] no way I could identify myself with them. So I was—you know, I tried to put them at ease [unclear].

LS: So you're at Harvard for eight years and then you went on sabbatical.

RC: Right.

LS: And you went to [several words unclear].

RC: Now, that again is an interesting point. I was—at that point, I'd lived in [unclear]. Mental health centers became more and more [unclear] to the point where you could [several words unclear]. And so I began to think that this was going to get worse. This was just the beginning of [unclear] projects and the type of work I did—I don't enjoy administration. I do it but I don't enjoy it [unclear] clinical. So I began to see things into the future. And I began to think about where [unclear] go. And at that point I got a phone call. And that was [several words unclear] Washington or Miami—that they just got a million-dollar grant to assist a thousand Cuban kids that came in—do you remember there was in 1980, 120,000 Cubans put on boats by Castro? [unclear] by Castro and Carter accepted them. And so we

gave the University of Miami a million dollars to take care of those kids who came without parents. And they were all mentally ill, retarded and [unclear] psychotic, criminal, out of jails. Castro just opened doors, put kids in boats.

[end of side 2, tape 1]

LS: Today is April 25, 2006. We're in the Max Finland Conference Room at the Countway Library of Medicine at Harvard Medical School. This is an interview for the Women in Medicine Oral History Project. We are interviewing Dr. Raquel Eidelman Cohen. She's being interviewed by Leslie Shoenfeld and this is tape number two. Raquel, you were talking about the Cuban kids who were being [unclear].

RC: So the fact that they said, "We need—my culture, my [unclear] psychiatry for those about migration and you're it. Well, either you—you know, if you don't come we cannot accept—because we don't know what we—you know, what to do with [unclear]." Well, there was a good group and so at that point it was like, okay, let me try this. So I asked for a sabbatical at that point from Harvard [several words unclear]. I went and had a incredible experience. We wrote a book. It was a book about the experience. And it was housing and diagnosing all the [unclear] kids put in three camps, of [unclear] camps in Pennsylvania, Arkansas and Wisconsin. And so I traveled from Boston to Miami back and forth and came to the camps. We assembled in each camp teams of psychologists, social workers, working with the federal government to diagnose every one of those children in place that somewhere in the United States the [unclear]

parties would place them in [unclear], California. And then the monthly, they take a bus all the way back to [unclear]. [chuckles] I mean, there—they couldn't stay in Arkansas and Minnesota. These were kids that were a bit wild, a bit, you know—and we had so many problems once we placed them, because they could not adapt. So we'd get these phone calls in the middle of the night. "This—you know, kid's [unclear] way into [unclear]. We've lost him and lost her." But [several words unclear] young women. Anyway, I worked with the team out of Miami University for, you know, [unclear] for [unclear]. And then suddenly, my husband [unclear] a heart attack. And so at that point they offered me a tenured professorship and I was a little bit not too happy. [chuckles] It was [several words unclear]. And so, somehow or other, I said, "Okay, [several words unclear]." I stayed in Miami. [sentence unclear]. But that's what got me to Miami.

LS: That's a good stopping place for—

RC: Okay.

LS: —our first session. Thank you. [tape turned off/on] So Raquel, in the 1970s you began working with the National Institute of Mental Health in various capacities. Could you please describe the work that you did?

RC: Right. Oh, it was a very wonderful and fortunate experience to be able to go to Washington and look at the panorama of how the country was thinking about my area of work and not having to remember how small [unclear]. And I was, again, invited. I think it had something to do also with wanting a woman, you know, on every committee, and so that I participated in looking at grants. It's mainly in the view of

grants [unclear] submitted and I accepted. And in some ways by accept—the ones that you accept or the committee accepted, you mold part of the thinking of the country because you award the grants that go a certain way. And I was very interested, again, as I mentioned, in [unclear] in women. And by beginning to work with different committees in Washington, I began to relate to the Hispanic grant writers from Texas, from California. And slowly we formed alliances and so beyond their—the actual focused work of grant writing, what happened is that we started networking across the country, professionals, Hispanic professionals. And there was a very interesting rivalry between Mexicans, Puerto Ricans. They were competing for the local grants but also there was a lot of sort of egos [unclear]. And so I was very friend—we made good friends with one of the [unclear] people and Mexican [unclear], a very visionary person. And I said to him, “Why don’t we try to join the two groups?” And we were able to and we developed a Hispanic association for professionals that has evolved through the years, moving from mental health to integrated health. And it’s becoming one of the very important associations in Washington [unclear] Hispanic. So this is the type of work that emerged in my professional life by going to Washington. It’s important. And there’s where I met the person that invited me [unclear]. He was Hispanic.

LS: Do you remember the name of the visionary gentleman?

RC: Not right now, I don’t.

LS: This also led to your work in Miami with the youths.

RC: [sentence unclear].

LS: Could you describe—

- RC: Well, as I mentioned, you know, before this, the grant was given to the—to Miami for—this million dollars for helping the youth. And my—again, another example of being able to design something [unclear] a very open-ended way about how to—how to organize the themes, focus [unclear], develop and [unclear].
- LS: You also worked with many Latin American countries. I know that you did some disaster work in Nicaragua. Could you describe the work that you did?
- RC: All right. A fortuitous but very sad event happened on one of my visits. I kept visiting my parents, you know, after graduating [unclear] children and so on and so forth. And in one of the visits—oh, I had related some of the professional leaders Lima, the health leaders. One of them was a minister of health—asked me casually [unclear]. You know, we did—she said to me, “We just had a major earthquake [unclear] that has wiped out hundreds of small villages, killing 70,000 people, and just leaving hundreds of orphans. And we don’t know whether to leave them there in their own environment with uncles and aunts, or to take them home [unclear] buses, airplanes and bring them to Lima and give them shelter, education and food.” And I thought to myself, ‘You know, I have never thought about this in all my profession’—by then I was working [unclear] and [unclear]—‘in all my professional work I’ve never thought of children in earthquakes who are orphans, or elderly.’ And so I said, “You know, I really don’t know a good answer. I’m going to research.” So I came back to Boston and, when I looked at the literature, we found some very good materials on the war in terms of psychological consequences of how the very little [unclear]. And so I began with my connections in

Washington [several words unclear], and I asked him what was there about publish [unclear] for the disaster? And could we send some teams to Lima? And I don't really—don't even know then. I arranged all these funds for states. But he became interested and I began—found the answer to the children, which was never uproot children, because that's a secondary trauma. And since then I now have studied a lot about how [unclear] migration and so on and so forth. So anyway, I did this sort of preliminary, interested [unclear] work. And then came the earthquake in [unclear], which was a major earthquake, which wiped out their capital—Nicaragua. And when I—and it was the day—two days or three days before Christmas. And then there was a second earthquake a day before Christmas. And so this time—and there were, like, 10,000 citizens then. This time I approached him [unclear]. He said, “You know, let's do something about [unclear].” And a group of Nicaraguan people that worked—professionally worked in Washington—developed a little team and flew over to [several words unclear] where there—they would be interested in a bilingual, bicultural Hispanic team [unclear]. [unclear] said yes, they would put up a little house with some help and a chauffeured car and American car and [unclear]. We were all volunteers. You know, fly us over there. And so I was asked to come to Russia, took for two days training [unclear]. And the flight—eight or 10 of us flew over with, you know, my deciding again our own capacity—my freedom to design and [unclear]. And we divided [several words unclear]. They were all in tents. You know, people were housed in tents so we group—and I both managed the team and also myself worked with children and mothers looking at the problems

that they had, psychological problems, and worked with the wife of the president to develop programs because there was a lot of money given to the Nicaraguan—how to spend that money for programs [unclear] children. So since that date, which was in 1972, I have never stopped working in disasters, and I have been from then on began—oh, the second [unclear] was very [unclear]. In '72 this country enacted a law, the first time [unclear] emergency that FEMA would assist with funding through the NIMH for programs when an area of a state needed—was not able to cope with that disaster. So it's a—mental health crisis, for crisis intervention. And that enabled two things. One, it gave permission for mental health to be incorporated into emergency [unclear]. And second, it gave it money through a grant that had to be designed to be—the state had designed a grant, applied to Washington through NIMH and receive the money, disbursed to the area [unclear]. So that opened up more acceptable [unclear] for disaster work in this country. And so there were very few people who knew about what to do, so they asked me to train. And [unclear] had a training arm and so I began to give training weeks to a lot of—around the country in FEMA. You know, I'd train at the FEMA—FEMA has a fabulous university, [unclear] City, [unclear] near Washington. So I went there and trained. This is in several of my writings. I have documented the experiences in these early years. So from then on, you know, I began to develop training material. I volunteered. Whenever I heard of major disasters, like the Colombian disaster [unclear] where a volcano erupted and fell into a river and came down on a little town on the [unclear] of the river and wiped 20,000—covered with mud with over [unclear] people. I mean,

cars or ambulances couldn't get there so helicopters had to pick up one by one by one and take them anywhere in the country where there was a bed in a hospital. So it means that few relatives—few had an aunt or a father or mother—one would be in the north; one would be in the south and you wouldn't know how to find them. So that was another experience. And then I worked in almost every country in Latin America and also through the Pan American Health Organization. They send me and so I worked with Pan American Health, with governments and with Washington for disaster and I've never stopped.

LS: As you—your—you went from sort of disaster situation to disaster situation, how did your understanding and handling of the situation change as you got more experience?

RC: Right. Well, it has incrementally changed because the only way to learn is to be there. This—you cannot learn in [unclear]. You can be taught and then develop some skills through some activities, through exercises [unclear]. But to really know [unclear] your knowledge and your—internalize, understanding of what a survivor is going through and be able to identify with [unclear], you have to be there. And so every experience [unclear] by [unclear]. And it's—that is very interesting because it started very focused on the survivor. Thirty years later, they're now working with preparedness for the cities. And this is after Katrina. Katrina [several words unclear] taught us the most important lesson that I have learned. And that is that minorities, the poor and vulnerable elderly don't have their resources to prepare, so that the government or agencies [unclear] need to pay attention to the citizens of vulnerable areas and intervene, outreach and

participate. And I had never thought of this segment of work. I had always said, you know, it's more like [unclear]. And so I've moved very slowly more and more to the [unclear]. Another thing I never thought about was the workers. You know, I looked at them through [unclear]. I didn't think of the worker. Now, the workers are in a terrible spot because many are survivors and they have to work forward to the [unclear]. I mean, teachers who have to go back to their schools to teach and then come back to a broken, flooded house full of mold or [unclear]. So every—everyone taught me a lesson.

LS: Was there a lot of very profound experiences? How do you react now when there—I guess now they—how do you feel that you are an expert in this and that people are calling on you for your knowledge?

RC: I am very grateful that I can be still useful in terms of my age, you know, and the—you know, the more difficult physically to get to work [unclear] face to face. So now I've become much more of a consultant, an educator. And I'm very happy to be useful even in that area. And the interesting thing is I'm working with a lot of young professionals who are—now, there are hundreds of professionals working, especially after 911. The fact that it happened in New York, some of—the center of the best education in the country, and so with that now [several words unclear] and also funding. You know, the funding is an important part of the—of developing any field, as incremented in searchers, in workers and trainers and so on and so forth. So very—feel very lucky to be part of this whole picture.

LS: You mentioned before how some of this work led to you working in Florida with Janet Reno.

RC: Right.

LS: If you could talk about that.

RC: Well, that's—it's an interesting thing because it's a sideline but it's under the same umbrella, which is trauma. Trauma and crisis in a family when there's an alleged charge. It's what happens, you know. And what had—what's interesting, my office had the hospital, which is the Jackson Hospital in Miami where I was—I was—when I was offered the professorship, I was asked to be the head of child psychiatry training and head of the outpatient mental health center—is across the street from the State Attorney's Office. And so Janet Reno had a very large child abuse case where a woman had a daycare and was married to a perpetrator. And they found it out so they needed investigation of, like, 80 kids, little ones, three and four years old. So at that time the technology—interview was very—it was still in a very primitive stage. And so there—you know, it's something I always [several words unclear]. And that is, she walked across the street to my—walked right in and said, “Would you help to train”—she had three workers that were [several words unclear] to use [unclear] about how to interview children. And so I volunteered, walked over—back to her office and volunteered to train. And I started learning a little bit more about it. Remember, I used to do the—the term I had in Boston [unclear]. But this time it was a little bit more clearly [unclear]. It was face to face with a child. And also they began to develop the videotape capacity, so they videotaped. And I said to the workers [unclear] supervised their work. And a few years later the person that was directing at that time quit. [unclear] so I was offered—by then I had finished. You know, I was sort of thinking of retirement—had finished with [unclear] the work. And she offered me this job. I spent

10 years for—after retiring from my clinical work and directed this work on child abuse, also helped develop what's called an Advocacy Center, which is a new model in the country where all the agencies are under one [unclear] building, the police, the state attorney, the social workers, the rape treatment, the nurses, the therapists. They all have offices [unclear] back and forth. And there was a public board. They [unclear] like it's a wonderful board where \$2 million for a beautiful building. So they helped with the building. They helped set up a forum. And when I finished working at the State Attorney I became a consultant for the services to the children, the psychological [unclear]. So that's part of my work in Miami now is working—is working for [unclear], which is one of the agencies [unclear], very well integrated, working with the courts [unclear]. So that's how I work. And so Janet and I worked together for—just before she went to Washington. And it was wonderful experience. I think she's one of the most wonderful women I have ever met as far as her heart and her [unclear]. You know, she is a graduate of Harvard Law [several words unclear].

LS: Would you mind going back to the work you did in Colombia in 19 [unclear]. From what I've read, it was a difficult situation in that you were able to get in to work with the victims much faster than other situations. There wasn't as much red tape?

RC: Right.

LS: Could you talk about how that experience was different from when it was, you know, months and months after the disaster?

RC: Right. What happened was that getting the news of [unclear], and I immediately saw it. By the way, you know that—when the blizzard

here [unclear], I knew there was going to be a disaster as I read the news. And I called Washington to get teams—money for our teams and they did send it because of my—I could see it coming. I saw the variables that would make for a disaster. Well, when I read about our mayor I was already in Miami. I went to the dean of the medical school and I said, “Could we offer help to the Colombian government because this is going to be a terrible situation?” So he sent a cable to the minister of Columbia, [unclear], and immediately they said, “We’ve loved to have [unclear] come over.” And I flew over and already there was a committee of all the ministers gathered, and I met with them 24 hours after I landed. They had already a—all the transportation needed to go to the place and a very high-level administrator, who did all the work of sending me out, getting all the hotels, getting the hospitals, getting me—I mean, he opened doors for me and he arranged everything. So my work was going as smooth as [unclear] because all the top level was involved. I would say that’s the answer. When the government does a good job, all of us professionals can do our best efforts.

LS: Would you like to talk about the more recent work you’ve been doing in Miami?

RC: Well, what happened is a young professional [several words unclear] was the head of the unit [unclear] working with heard about me and called me and said, “You know, we are very interested in behavioral health in disasters.” He said [several words unclear]. “Could you assist us in how to think?” And so he’s married to a Colombian doctor, a charming young woman, and I began to work with him. He got a grant from the state of Florida to train all their Health

Department professionals for terrorism. So a lot of the—oh, a lot of the knowledge base for disaster, which is catastrophic crisis work, can be adapted to terrorism. And, you know, they want to get grants for this type of training. So I helped in the [unclear] of [unclear] and train and materials. It has continued. Then he got another—another [unclear] to prepare and train migrant workers in Spanish. It is his wife who's Spanish, Colombian. We have developed a Spanish training program. And today, when [unclear], the Miami people are very sensitized to preparedness. When they saw this Spanish program that we developed, they got a grant to translate into English. And this is going to be used next month to train hundreds of volunteers using the work. So this is the type of work I'm doing, evolving into terrorism, natural disasters and [several words unclear] in terms of crisis. [unclear] you look at the problem of SARS in Toronto and you look at the anguish of having deprived the [unclear] afraid of infections or having to sleep [unclear] and not talk to your child or be near your child, because [unclear] hospital, or you might be infected. You begin to see when anxiety and those issues are going to be developing in this country about [unclear] and isolation. And patients who're going to have to be in the hospital [unclear] have no contact with their loved ones. You know, like family visiting, you know, when you're sick or mothers visiting their kids. And technology is very, very important because it's the only way that people are going are going to see each other [unclear] family. So, I mean, working with all those committees and all those projects.

LS: It's a lot of work that you're still doing.

RC: Well, it's active. I've been active in this field. That's why I'm so grateful that it's a field that—it's sad. You know, it's sad that you're facing that. But it does—at least it makes you feel you can still be active.

LS: Have you gotten feedback on your training manuals from other professionals, from folks who have actually used it in action?

RC: Yes, we have a questionnaire at the end of every session. They are all [unclear]. I mean, the team of, you know, Dr. Schultz has a very good team. He's connected with several leaders in Washington [unclear] professional. So it's a very high-level [unclear].

LS: Looking back over your career, what stands out the most in terms of the different types of [unclear]?

RC: Well, I think my community mental health [several words unclear] very rewarding [unclear]. I think teaching young professionals about [several words unclear] public health, even conditions where most people face looking at the [several words unclear] conditions is hard. [sentence unclear]. [unclear] is another aspect of [unclear]. And then [unclear] and the disaster. Those are four strands in my career that [several words unclear]. I was able to participate in [unclear].

LS: You talked about some of the people that have mentored you socially and professionally. You just talked about yourself also teaching people. What do you think made the mentors that you had good mentors?

RC: Well, now, there—you know, there's—two examples come to me. One is of [unclear] and one is Dr. [unclear], Harvard professor. They were people that combined humanity with one of [several words unclear] they were superb and human, they were superb. They had

both [unclear]. And so I found them accessible, comfortable to be with, not afraid to make mistakes and admiring, but good answers they had to my questions. So respect and admiration but comfort. I was comfortable with them. They were people that were so comfortable themselves that they communicated that comfort to me. And you know, whenever you are a student or whenever you are asking questions, you are always worried that might be seen as stupid. You know, am I saying the wrong thing? And you're always trying to protect yourself, but in protecting yourself you lose an opportunity to learn. So when these people made me feel so comfortable that I could ask for what could be a stupid question, or one that I should have known the answer but didn't, I think that's how they became mentors to me. I could go back and ask another stupid question.

LS: How did those experiences affect you as [unclear]?

RC: Well, they gave me role models that I always tried to put my students at ease. I always tell them about my own mistakes, you know, that I just—I am conscious of this inhibition and worry that we all have about asking. And I always—when I give a talk on a group, which I do quite a bit of talking and presenting, I always say, “Don't be afraid to say things that you think are stupid. It's human. It's okay. When we break the ice”—you know, that type of thing.

LS: Who are some people that you're most proud of having mentored?

RC: That I don't know. I don't think I have that [unclear] for anybody. I don't have that experience because most of the people have gone to other parts of the country outside of—

LS: But certainly there's a whole generation of doctors out there—

RC: Right. Right, there are—

LS: —that learned from you.

RC: There are doctors. There are psychiatrists; there are some psychologists, you know, that [several words unclear] world too that I have trained. But there's no one I would select as [unclear].

LS: Do you feel there's a difference between how a man mentors and a woman mentors?

RC: I had very few women mentors. Is that what you're asking me, the difference?

LS: [unclear]

RC: It clearly feels like—it's a difficult—most were man. They were—you know, they were that type of man that I have just described to you. So I have very few women mentors that I can select [unclear]. In some ways, I think the women of my time were [unclear] higher levels of professional were so busy, in some ways, so [unclear] and [unclear] their difficulties. They were not as ease—at ease as the male mentors.

LS: In 1995 you were part of Harvard Medical celebration of the anniversary of the entrance of women to the Harvard Medical School.

RC: Right.

LS: Can you talk about what that experience was like?

RC: It was wonderful. First, I brought my daughters with me. And so that I was very proud of and very happy that they would be a part of it. Second, I was asked to speak a couple of times and, just, it was a wonderful experience. So I—if you want to know a proud moment, that was a proud moment. It was fun to see my colleagues. There's—it's always wonderful to be back in [unclear]. So all in all, it was a lovely experience.

LS: Did you have any surprises? Anything you didn't expect?

RC: No. No, I did not. Everything was so Harvard. [chuckles] You know, the Harvard, you know, classmates. So [several words unclear]. But it just—the women were wonderful. You know, the organizers were great. In general, we all felt very good about the class being there.

LS: It's sort of a nice circle to 50 years ago when you first started, to have a chance to look back.

RC: It was a very good look back.

LS: Did it bring up any specific memories?

RC: It did bring some of the difficulties of the earlier years struggling with patients [unclear] and little kids and trying to do exams, pass tests [unclear]. It brought me [unclear]. But in general, I would say that [several words unclear] and the affection [unclear].

LS: What would you say to young women considering the field of medicine?

RC: Well, I would say that if they want—there are three things which I think most women want, a home, a husband, children and a good career that is meaningful to them. They have to then cut out almost everything else. So there's a price for it. It doesn't come easy. And they need to choose priorities. For instance, I delegated housecleaning, of washing clothes, of [unclear]—I mean, I delegated everything I could during—just concentrated on the three important elements. So prioritizing is going—very important. Also, my husband was a wonderful caretaker of the house and the kids. So who your maid is is going to be important in your professional life. [sentence unclear]. So think a little bit about the fact that those three

pieces, if you want them, are going to have to go through some planning, some cutting out some aspect of your life that need—because the time element. Time is—you know, time is one of the most important variables about having those three. How much can you do [unclear] that hour? When can you be home? What time do you have to see a patient? I mean, I live by the clock and by now it's second nature to me. You just need to know the time. And I'm very punctual. I'm very punctual about almost everything in terms of measuring—I'm always measuring how much it will take me to get there, park, get to my office and get my white [unclear]. So the little bit of that type of thinking—you know, so what [several words unclear]. You've got to plan out [unclear]. And that's one level. And the other level is choose [unclear]. Let that be the number one priority. You know, I was [several words unclear]. That's what you want to do, research and training or go to Africa or whatever you want to do [several words unclear] but something you love. Don't get into a career that is [several words unclear]. That's got to be my advice.

LS: Who did you delegate to, the household stuff?

RC: Well, cleaning women. You know, I used whatever [unclear] money I had for all kinds of support, mechanical structure, shopping—like I said, washing, cleaning—when I could, cooking. All that needed to be structurally done, I delegated a lot.

LS: You mentioned before a glass ceiling at Harvard in terms of attaining the role—a rank of a full professor. What are your thoughts now about the glass ceiling that women are facing?

RC: Well, it's interesting. I was at lunch with another—a professor. And she was describing the world today with [several words unclear].

[sentence unclear]. And it's—the fact that in some ways the leaders, the male leaders still are [several words unclear]. So the fact is that—or the [unclear] things right now. And Harvard is still not able to find a place where women are offered stability, which they need, because they do want children at home. And so a very interesting [unclear] issues that 50 years have not moved too much. There's a little game. We were talking about, daycare for kids [unclear]. But the talk was that the structures have moved a little [several words unclear]. [unclear] of men who have the power and who are [unclear]. [sentence unclear].

LS: When you started at Harvard in the Medical School I believe there was 14 percent women. You were talking earlier before that—how impressed you were that the admission rate is now 50 percent. And yet, when you look at the percentage of practicing women physicians in the United States, it's still only a fraction of the number of men. I think it's close to 20 percent.

RC: I didn't know [unclear].

LS: So what do you think has to happen in order to raise that percentage?

RC: I don't know. I [unclear] because I do think that—you know, it's initial [unclear]. And if the demand is for full time, focused, dedicated professional women, [unclear] the women want some of their femininity, maternal needs satisfied. And this [unclear] a lot of flexibility in the structure. It's going to be a difficult situation. That's—women are always going to [several words unclear]. It's a very strong feeling, which I think makes for a better mother—I'm sorry, for a better professional. I think a woman who's satisfied as being a woman, that's [unclear] and has a child is a much better

[unclear]. When somebody used to, you know, say, “Well, occasionally I [several words unclear].” I said, “I [unclear] the best features in my kids. I can empathize with you,” I would say [unclear]. “I know what you’re going through.” I think that one of the most terrible moments of my professional work when I had to tell a mother that her kid [unclear]. I cannot imagine anything worse for them to say [unclear]. And my [unclear] would go. So to feel that, you’ve got to be a mother yourself [several words unclear]. There’s that—and I—but so there’s a tension there between the marketplace, the structures and limitations and the woman’s desire. Flexibility’s the only thing I could—I mean, I was lucky that Dr. Sullivan allowed me to have a half-time residency. I mean, that was fantastic. And that allowed me to be a doctor. [several words unclear] I’m not sure I would have sacrificed my kids for my [unclear]. I don’t think so but I’m not sure. Now, at the end of my life I have all—my kids, my grandkids and my career. But it was with a lot of hard work. As I think I mentioned before, there were people that opened doors for me, that [unclear]—

[end of side 1, tape 2]

LS: Raquel, you were talking about people opening doors for you, if you’d like to continue.

RC: Right, as I mentioned to you, as we look back, or as I look back [unclear] questions—as we both look back on my life, it is so evident that there have been some key people. And they may not have realized that they opened a door and opened a corridor to my life. I

mean, Janet Reno walking across the street [unclear], and Wiener picking up a telephone to call to his [unclear], people at NIMH, you know, that opened doors to being able to organize [unclear], the doctor that called me to Miami [several words unclear], the Minister of Health to call me to go to [unclear]. These were people who opened doors and I walked through them [unclear] my life [several words unclear]. It's very interesting as I look backwards about it and how grateful. I wish I could say thank you to them face to face.

LS: What would you most like to be remembered for? Personally, professionally, both.

RC: I think that two things [unclear]. I hope I've done a good job as a mother and as a doctor. I've done the best I could in whatever capacities [unclear] those two roles. Very [unclear]. They are very much part of my emotional life [unclear].

LS: Is there anything else that you'd like to talk about with regard to being most proud of in your career?

RC: My contributions [unclear] in part. Certainly, I'm very proud to have graduated Harvard [unclear] great affection for this institution. Part of my sense of identity is, you know, part of the Harvard family. [several words unclear] of strengths and I always think of Harvard and identify with Harvard [unclear] whenever I hear, read what Harvard stands for. [several words unclear] at Harvard of fighting [several words unclear] a wonderful feeling of strength. So that I feel a very [several words unclear]. [sentence unclear].

LS: It has been wonderful to [unclear] today. Thank you so much for taking time out of your busy schedule. And I'd like to say that I hope

that people can learn from what you—of your experience and your career.

RC: Well, I certainly am very grateful for what life—you know, again, you never know what, as I call the cards of life are, and I got very good cards, very [unclear] allowed me to play a good game. Thank you so much.

LS: You're welcome. [tape turned off/on] Raquel, I know that you brought some materials with you. I would love for you to talk about what you brought with you today.

RC: I brought a few of the memories, document [unclear] memories for today. And it was interesting. As I look at them, each one has a story. But one of maybe the most important stories, talking about opening doors in your life—you know, to your life corridor gets laid down—was the letter I received February 16, 1945 saying, “Your application for admission to the Harvard Medical School has been considered and we are glad to offer you a place in the first year class with women September 24, 1945. This class will contain students in the Army and Navy training programs as well as civilians who have not qualified for either of these programs.” So I just want to point out this is a door that opened, a very important door that said my life [unclear]. And then accompanying this letter is this little note that I think you will be astounded, 50 years later, which reads that “Raquel Cohen of University of San Marcos is a bona fide accepted matriculant in the Harvard Medical School, that she has made the first installment of her tuition, \$50, and that her work as a medical student will [several words unclear].” This, to me, is, again, the cornerstone of life. And it's amazing, this little piece of paper has such an incredible potential,

now that I look backwards about what it meant and what it still means to me. Then moving on, remember, I mentioned to you about having [unclear] these two women that were such wonderful support system? This is an example of Mrs. Shaddock's program for the camps to visit. And I pointed—it goes through New Hampshire, Vermont and Maine. And I wrote next to it how many girls I saw in the camps. There were many girls, [unclear]. When I told them this story of what it was, meant to be a Peruvian, the Peruvian customs, things like [several words unclear]. I never had a coat. But these young girls were giggling and laughing [unclear], but it's an example of Mrs. Shaddock's interest in—that I participated in this schedule of activity and promoted the Latin American [unclear]. This is the famous picture that is shown in so many other [unclear] about a group of women. And one interesting [unclear] media that we were very exposed—quite a bit of media—was the fact that, would we make it? Would we finish? Would we stay in the profession? There was, I think, a real wonderment about it. And so this article gives me great pleasure, in which the headline is we were as good as the men and we stayed as long as the men [several words unclear]. So it was a good investment. This one is one from a very respected and admired doctor, who wrote me a very fine note after I presented Alice Hammond [unclear], an alumni thing. And it's Leona Baumgardner, who said, "Representation about Alice Hammond from [unclear] was simply superb. I have admired her for years and I think—I read her books twice in [unclear]. I seldom heard such a simple [unclear] and a most charming [unclear]." And this is [unclear] of affectionate, supportive and helpful feedback that has been part of my life, you

know, for which I'm extremely grateful. I also have here, again, the media that was aware that I was pregnant in my fourth year, that I gave birth of a child shortly after graduation. And I think that the first sentence, which I will read to you, has some mixed messages. "A graduation that would astound these venerable founders would be that of the class of '49 at Harvard Medical School. In the first group of girls to win medical degrees from that lofty institution is a student, you know, going to graduate who crammed for her final exams and finished her surgical work while [unclear]." So you can see the message there again about, you know, are women going to be pregnant? Are they going to leave the profession? And then the aspect of my work on [unclear]—has been very important to me is bringing the spiritual aspect from here after a disaster. I believe that, just as much as there's the medical and psychological assistance, there's spiritual facing issues of trauma and very important loss by death of [unclear] ones of the clergy is their group that is of great assistance. So I've been part of a group of professionals who are training the clergy to work in disasters. You know, there's a national program specifically where the spiritual aspect, not the religious aspect but the spiritual aspect of all our religions a part of disaster work. Again, a very nice article about 10 years later they had [unclear] maybe the wives of the [unclear] gave us a reception acknowledging we're still there and, you know, by then that there were many more classes of women, but they gave us a special place of friends [unclear].

LS: Can you see where you are? Can you point out where you are in that picture?

RC: All right. Here I am—this—you know, back here [unclear].
[chuckles] Obviously. And here it was an article about looking at one of my hopes for the future, which was to help the poor in my country. And [several words unclear] through the disaster as I worked with vulnerable low-income people in both sides of this continent, both—all the Latin American countries [several words unclear] in this country, for example, and what happened in Miami and South Florida. This letter is the invitation and that has been, as I have mentioned to you, this wonderful experience of being invited to jobs, invited to participate or invited to write. This is an example of a man I admire who has played so much [unclear] and taught me so much of my work, Gerald Kaplan. And it's an invitation. "Many thanks for [unclear] your letter. I'm pleased to confirm our telephone conversation of yesterday's date in regard to my invitation to you to join our staff at the Laboratory of Community Psychiatry, the Department of Psychiatry at Harvard Medical, which will be established July 1, 1964." And it—this was March of '64—again, an example of this man and men—it's interesting. It's only men that opened those doors. I cannot find any woman that had the power or [unclear] to open doors in my time. Of course there's more now. And this is an example of a letter of Frances Sargent, who was the governor in '69, "I'm pleased to appoint you as a member of the Governor's Task Force on Spanish-Speaking Americans." This is the group [several words unclear] a group that were an example of another great [unclear] of mine, which is working with and promoting the welfare of the Hispanic population [unclear], the cultural issues that I think are very important for many [unclear]. And here's

pictures of my first disaster work in Managua, just as an example of the conditions of the [several words unclear] the people all traumatized. The conditions, no [unclear], no septic but very primitive. Most disasters [unclear] are very [several words unclear]. But it is a reminder of that for me.

LS: Now, did you document a lot of those experiences with photographs?

RC: No, you know, I'm very sad. It's interesting. I've always wondered why this happened to be so [unclear]. Why wasn't I more interested in the visual memories? And for some reason, I wasn't. It was almost like—if somebody who asked me, "Did you take pictures of your patients?" you know, there's ethics that, for some reason, prevail. And I couldn't do it. I'm sad now because I wish I had some things from those—that era. Here's one picture again of myself with my colleagues in one of the last reunions [unclear] begin as a proof that we were there and we did not "marry, have kids." We loved our profession. And just to finish it, by chance last Sunday, Miami chose to honor six women and I was one of them, highlighting my work in the disaster in Florida and being in the first class of women in Harvard. And just to finish, to see what time can do in terms of physical appearances, here I am, a youthful Peruvian [chuckles] [unclear] doctor. But—so that's—those are memories, visual memories of passage of time.

LS: And your long and amazing career.

RC: A good run.

LS: Raquel, I noticed when you walked in today you were wearing this wonderful necklace. Would you please tell us about the necklace you're wearing?

RC: Yeah, I just wondered if they are doing it still, but I know that when we graduated we wanted so much to have something complete—especially the girls, the women wanted something completely where—about this great experience. And so they designed this and I've been wearing it—especially, I wear it for [unclear] occasions or high-level committees just as—you know, to show how proud I am to be a Harvard woman. And I also have one from the State Board of Health that I wear. So there's something complete but it's very pleasant to have. I don't know if they are doing it still.

LS: It's a wonderful memory.

RC: Yeah.

LS: Thank you so much.

End of Interview